



King County
CODING/BUSINESS BILLING ANALYST
(PROJECT/PROGRAM MANAGER III)
PUBLIC HEALTH – SEATTLE & KING COUNTY
FINANCE & ADMINISTRATIVE SERVICES DIVISION
SIGNATURE OPERATIONS UNIT
Annual Salary Range \$63,278 - \$80,209
Job Announcement: 05MH5712
OPEN: 1/4/06 CLOSE: Open Until Filled

WHO MAY APPLY: This career service position is open to all qualified applicants.

WHERE TO APPLY: Required forms and materials **must** be sent to: **Employment Services, 999 3rd Avenue, Suite 600, Seattle, WA 98104 or be faxed to (206)205-5430.** Applications materials must be received by 5:00 p.m. on the closing date. (Postmarks are NOT ACCEPTED.) Contact Roberta Robson at (206) 296-4697 for further inquiries. **PLEASE NOTE:** Applications not received at the location specified above may not be processed.

FORMS AND MATERIALS REQUIRED: [A King County application form, data sheet](#), resume and letter of interest detailing your background and describing how you meet or exceed the requirements are required.

WORK LOCATION: 999 Third Avenue Suite 1200, Seattle, WA 98104

WORK SCHEDULE: This career service position is exempt from the provisions of the Fair Labor Standards Act, and is not overtime eligible. The work week is normally Monday through Friday.

POSITION SUMMARY: This position reports to and works under the general supervision of the Business/Billing Supervisor for the Signature Operations (SigOps) Section of Finance and Administrative Services Division. This position serves as a technical expert to the Department for appropriate medical record, billing and coding. Because this position functions in a highly customer focused environment, it requires excellent communication skills.

PRIMARY JOB FUNCTIONS INCLUDE:

Coding Training

- Develop training and educational material, providing program specific coverage, documentation and coding education to providers and support staff which details the issues related to Medicaid and other funding sources, based on program specific criteria.
- Provide specialized training on ICD-9-CM, CPT, CDT, HCPC and Program Specific Coding, based on program specific payor guidelines. This would also include medical encounter forms and chart documentation training to providers and clinic staff.
- Work closely and as a partner with the other Coding Analyst(s) to determine material most appropriately incorporated into the specific and specialized training curricula.
- Develop encounter forms for clinical services, ensuring on going accuracy; working with clinic staff and program managers to develop and deliver training as needed to implement changes.

Analysis

- Review coding of encounters, system documentation and patient records for accuracy, providing an analysis of findings with recommendations.
- Analyze records and provide reports in order to obtain the appropriate maximum reimbursement levels.
- Manage data gathering for reports on coding of encounters, system documentation and patient records.
- Research and communicate changes in codes and payor billing requirements in a timely manner.

Compliance

- Review and audit provider charts, medical records, encounter forms, data entry system and reports for regulatory and payer compliance and accuracy; provide a complete analysis of findings with recommendations. (Expectation: at minimum 10 chart notes reviewed per provider, per year.)
- Develop and recommend plans for addressing areas of concern. Implement changes as required, to include but not limited to: monthly/quarterly updates via newsletter, intranet, memorandum &/or other appropriate method with information regarding coding tips, program billing updates and question and answers.

General Office Duties

Because the SigOps Unit does not have clerical support staff, this position is expected to perform support functions related to his/her activities such as photocopying, faxing, establishing and maintaining files, word processing, preparing and maintaining spreadsheets, and performing other related duties as assigned.

QUALIFICATIONS:

- CPC (Certified Professional Coder) or related certification.
- Skill in healthcare insurance billing, medical coding, and provider chart note review
- Knowledge of Medicaid coding and billing policies and procedures
- Excellent communication and customer service skills.
- Advanced knowledge of ICD-9CM, CPT, CDT, HCPC and program specific coding guidelines
- Knowledge of research and analysis methodologies, and skill in analyzing and evaluating data
- Knowledge of general accounting principles
- Knowledge of auditing techniques and principles and skill in auditing and documentation
- Computer software application skills in word processing and spreadsheets
- Skill in communicating complex information in a clear, concise and easy to understand manner
- Skill in interpreting and implementing coding and billing policies
- Knowledge of documentation management principles and practices
- Skill in developing curricula and conducting specialized coding training, for example: on ICD-9CM, CPT, CDT, HCPC and Program Specific Coding

DESIRED QUALIFICATIONS:

- Bachelor's Degree in field related to healthcare, business or public administration
- Coding analyst experience in Public Health setting preferred
- Medical record auditor/reviewer preferred
- FQHC (Federally Qualified Health Center) experience preferred

NECESSARY SPECIAL REQUIREMENTS:

- The selected candidate must pass a thorough background investigation.
- Employees are required to protect the privacy and security of protected health information as defined in State and Federal Law
- Employees are required to adhere to OSHA/WISHA guidelines including but not limited to completing their mandatory trainings on time.

UNION MEMBERSHIP: Non-represented

CLASS CODE: 8244 SEQUENCE NUMBER: 80-8244-0235